


 NATIONAL SCIENCE FOUNDATION
 ARLINGTON, VA 22230

**SURVEY OF RESEARCH AND DEVELOPMENT EXPENDITURES
 AT UNIVERSITIES AND COLLEGES, FY 1997**

Organizations are requested to complete and return this form to:

Quantum Research Corporation
7315 Wisconsin Avenue, Suite 400W
Bethesda, MD 20814-3202

 If you prefer, your response to the survey may be sent by e-mail to:
kgreenbe@qrc.com
This form should be returned by January 9, 1998.

Your cooperation in returning the survey questionnaire promptly is very important.

This information is solicited under the authority of the National Science Foundation Act of 1950, as amended. Your response is entirely voluntary and your failure to provide some or all of the information will in no way adversely affect your institution.

All financial data requested on this form should be reported in thousands of dollars; for example, an expenditure of \$25,342 should be rounded to the nearest thousand dollars and reported as \$25.

Where exact data are not available, estimates are acceptable. Your estimates will be better than ours.

 Include data for branches and all organizational units of your institution, such as medical schools and agricultural experiment stations. Data on research centers and facilities administered by your institution should be included. In addition, include hospitals or clinics owned, operated, or controlled by universities, and integrated operationally with the clinical programs of your medical schools. **Exclude** data for federally funded research and development centers (FFRDCs). Data for these facilities are collected separately.

Please correct if name or address has changed

If you have any questions please contact Marge Machen of NSF at (703) 306-1772, or Kevin Greenberg of QRC at (301) 657-3077, ext. 180.
Financial data are requested for your institution's 1997 fiscal year.

Please circle the month in which your institution's fiscal year begins

 1 2 3 4 5 6 7 8 9 10 11 12
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Yes No

Does your institution have a medical school?
☐ ☐
If so, do you include the data for the medical school on this survey?
☐ ☐

It is estimated that response to this survey will require 18 hours. If you wish to comment on this burden, please contact Gail A. McHenry of NSF at (703) 306-1125, ext. 2010, or e-mail gmchenry@nsf.gov.

How many person hours were required to complete this form? _____

Date submitted _____

Scope:

 This survey collects data on expenditures by universities and colleges for separately budgeted research and development (R&D) in science and engineering. Definitions used are compatible with OMB Circular A-21, revised April 26, 1996. Items 1 and 2 ask for *current fund expenditures* by source of funds and by field of science and engineering. Item 3 collects data on that *portion of current fund expenditures* reported in items 1 and 2 that went for the purchase of scientific and engineering research equipment.

Definitions:
Research and Development (R&D). R&D for purposes of this survey is the same as "organized research" as defined in Section B.1.b. of OMB Circular A-21 (revised). It includes all R&D activities of an institution that are *separately budgeted and accounted for*. R&D includes both "sponsored research" activities (sponsored by Federal and non-Federal agencies and organizations) and "university research" (separately budgeted under an internal application of institutional funds).

Research is systematic study directed toward fuller knowledge or understanding of the subject studied. Research is classified as either basic or applied, according to the objectives of the investigator.

Development is systematic use of the knowledge or understanding gained from research, directed toward the production of useful materials, devices, systems, or methods, including design and development of prototypes and processes.

Current fund expenditures. These are expenditures of funds available for current operations. Such expenditures include all unrestricted gifts and restricted current funds to the extent that such funds were expended for current operating purposes.

PERSON WHO SUBMITTED THIS FORM (PLEASE TYPE OR PRINT)

NAME:	TELEPHONE NUMBER:
TITLE:	E-MAIL:

PERSON WHO PREPARED THIS FORM (IF DIFFERENT FROM ABOVE)

NAME:	TELEPHONE NUMBER:
TITLE:	E-MAIL: